

## **Long Term Care Integration**

**2004 –2005  
Request for Applications  
(RFA)**

**Office of Long Term Care**



**October 2004**

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California Department of Health Services**

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## 2004 LTCI RFA Calendar

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Event	Date
Notification Letter	October 5, 2004
Letter of Interest Due to DHS/OLTC	October 15, 2004
Release of RFA	October 29, 2004
Applicants' Conference	November 9, 2004
OLTC Responses to Q&A Available to Applicants	November 17, 2004
Applications Due to DHS/OLTC	5:00 PM November 30, 2004
Application Evaluation	December 6-8, 2004
DHS Grant Award Approval	December 10, 2004
Announcement of Grant Award(s)	By December 15, 2004
Execution of Grant Award Agreement(s) (Contract(s) Begin)	January 1, 2005
End of Funding Period	June 30, 2005



## Introduction

The Department of Health Services (DHS), Office of Long Term Care (OLTC), is soliciting applications from qualified entities for Long Term Care Integration (LTCI) Pilot Project implementation grants. The Department will execute up to two grant contracts with an average budget of \$450,000 and not to exceed \$500,000. Applicants are invited to submit applications for a competitive RFA review process. Responses to the RFA will be expected to show evidence of resources, administrative capacity and commitment to a sufficient degree that implementation of a comprehensive, integrated Medi-Cal and Medicare LTCI system occurs in two years or less to enroll seniors and persons living with disabilities who are eligible for Medi-Cal only AND those who are dually eligible for Medicare and Medi-Cal. Grant funding must be spent by June 30, 2005 with a demonstration of grantee commitment and other resources that can sustain activities resulting in implementation of an integrated Medi-Cal and Medicare LTCI system. The goal is to provide grants to one or two organizations that will begin enrolling eligible individuals into an LTCI plan by January 1, 2007. The Department expects that organizations committed to integrating long term care systems will pursue their goals with or without grant funding. Following five years of LTCI planning and development grant experience, the Department has focused on the following five priorities for this 2004 LTCI RFA process:

- ✓ Implementing comprehensive LTCI chronic care system(s) by January 1, 2007.
- ✓ Engaging a qualified Medi-Cal managed health care plan to implement LTCI.
- ✓ Requiring the grantee to demonstrate capacity, resources and commitment beyond the grant-funding period (beyond June 30, 2005).
- ✓ Requiring the grantee to demonstrate that the operating health plan will have care management expertise and capacity to serve all Medi-Cal eligible, seniors and individuals with disabilities who have chronic care needs in at minimum, a county-wide geographic service area.
- ✓ Requiring the specified health plan to enroll and serve seniors and persons with disabilities who are eligible for Medi-Cal only AND those dually eligible for Medicare and Medi-Cal.
- ✓ Integrating Medicare services and funding with Medi-Cal services and funding to provide the full continuum of services including home and community services.

The Department's goal under this RFA is implementation of a fully capitated, Medi-Cal and Medicare LTCI health care plan by January 1, 2007. The successful grantee under this LTCI RFA will be an organization that is prepared to accept capitated payments from Medi-Cal and Medicare and to assume the financial risk associated with administering a fully capitated and integrated managed health care plan serving the seniors and individuals with disabilities in, at minimum, one county-wide area by the target date. Organizations that are not managed care health plans may elect to implement LTCI through subcontract with qualified health plan(s). Eligible organizations prepared to make this commitment are welcome to apply.



If there are questions related to this RFA, please submit them in writing no later than 4:00 PM November 9, 2004 to:

By Mail:

Department of Health Services  
Office of Long Term Care  
P.O. Box 997413 MS 0018  
Sacramento, CA 95899-7413  
Attention: Carol A. Freels

**OR**

By FAX:

(916) 440-7540

**OR**

By Email:

Ms. Alice McKennan  
[amckenna@dhs.ca.gov](mailto:amckenna@dhs.ca.gov)



# LTCl Overview

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## History

In 1995, California State Legislation was enacted to authorize and implement the Long Term Care Integration (LTCl) Pilot Program. The Welfare and Institutions (W&I) Code §14139.05 et seq. and FY 2004-05 Budget Control Language (See Attachment A) enables DHS to offer LTCl implementation grants. Following five years of planning and development grant activity, the Department is now focused on identifying LTCl applicant(s) who can demonstrate an understanding of what an integrated system is, how it is unique in serving seniors and individuals with disabilities, as well as demonstrating the resource development, capacity and commitment to implement a comprehensive integrated Medi-Cal and Medicare LTCl plan by January 1, 2007.

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**Goals of  
LTCI  
(W&I  
14139.11):**

Goals of LTCI Include:

- ✓ Providing a full continuum of social and health services for chronically ill and disabled adults that fosters independence and self-reliance, maintains individual dignity, and allows consumers of long-term care services to remain an integral part of their family and community life.
  - ✓ Preventing unnecessary utilization of acute care hospital services and nursing facility services for those who historically are high cost health care users.
  - ✓ Maximizing family and informal caregivers.
  - ✓ Delivering long-term care services in the least restrictive environment
  - ✓ Encouraging as much self-direction as possible by consumers
  - ✓ Involving consumers and their family members as partners in the development and implementation of the pilot project.
  - ✓ Identifying performance outcomes, including, but not limited to:
    - *Use of acute and out-of-home care,*
    - *Consumer satisfaction,*
    - *Health status of consumers,*
    - *Degree of independent living among those served.*
  - ✓ Developing and maintaining staffing networks and models that serve the chronically ill population in the designated service area.
  - ✓ Developing and maintaining service availability for adults with chronic and disabling conditions.
  - ✓ Achieving efficiencies through consolidated screening and reporting.
  - ✓ Coordinating with other services and funding that may be necessary to meet the needs of eligible beneficiaries.
-



<b>Eligible LTCI Population</b>	<p>Welfare &amp; Institutions Code section 14139.41 describes the LTCI eligible population. This definition includes individuals who:</p> <ul style="list-style-type: none"> <li>(1) Are Medi-Cal eligible.</li> <li>(2) Are functionally or cognitively impaired. For purposes of this paragraph "cognitively impaired" means having an impairment caused by organic brain disorder or disease.</li> <li>(3) Are adults.</li> <li>(4) Need assistance with two or more activities of daily living or are unable to remain living independently without the long-term care services provided through the pilot program operated pursuant to this article.</li> </ul> <p><b>Implementation of LTCI is to include Medi-Cal eligible individuals AND those who are dually eligible for Medi-Cal and Medicare.</b></p>
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<b>LTCI Service Area</b>	<p>For the purposes of this RFA, a designated LTCI service area is required to include, <u>at minimum</u>, the total eligible population in one countywide area. Applicants, at their option, may designate a larger LTCI service area.</p>
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<b>LTCI Included Services</b>	<p>LTCI services must include the full scope of Medi-Cal benefits and services. For a list of Medi-Cal benefits and services, see Attachment D.</p> <p>LTCI must also include allowable Medicare services as would be described in an agreement with the Centers for Medicare and Medicaid Services.</p>
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**RFA  
Priorities**

The 2004 LTCI RFA focuses on identifying grantee(s) who can:

- ✓ Implement comprehensive LTCI chronic care system(s) by January 1, 2007.
  - ✓ Engage a qualified Medi-Cal managed health care plan to implement LTCI.
  - ✓ Demonstrate capacity, resources and commitment beyond the grant-funding period (beyond June 30, 2005).
  - ✓ Demonstrate that the operating health plan will have care management expertise and capacity to serve all Medi-Cal eligible AND dually eligible Medi-Cal and Medicare) seniors and individuals with disabilities who have chronic care needs in at minimum, a county-wide geographic service area.
  - ✓ Enroll and serve seniors and persons with disabilities who are eligible for Medi-Cal only AND those who are dually eligible for Medicare and Medi-Cal.
  - ✓ Integrate Medicare services and funding with Medi-Cal services and funding.
- 

**How Does  
LTCI Differ  
from  
Traditional  
Managed  
Care  
Models?**

LTCI differs from traditional Medi-Cal managed care models by:

- ✓ Specializing in coverage for seniors and individuals living with disabilities—a population not typically served by traditional managed health care.
  - ✓ Providing proactive, comprehensive care management of medical, social and supportive services as a cornerstone of coverage.
  - ✓ Integrating social service needs with traditional medical and treatment services.
  - ✓ Providing comprehensive coverage under Medi-Cal and Medicare with no carved out services.
  - ✓ Involving the consumer or their representative as the director of his/her own care (self-direction).
  - ✓ Involving consumers and families in policy and provider network development.
  - ✓ Establishing a mission and fiscal based priority to help enrollees to remain in their own homes and communities and to avoid institutional care.
  - ✓ Covering home and community-based services.
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## 2004 LTCI RFA

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### **General Information**

- ✓ Applications must be submitted in strict accordance with the instructions and requirements outlined in this RFA.
- ✓ Applicants should read the evaluation and scoring standards described in the RFA to determine if they have provided comprehensive responses to the requirements under each section. Some components will be PASS/FAIL. All PASS/FAIL components must be addressed as presented in this RFA in order for an application to be scored and considered for funding.
- ✓ To be deemed responsive to this RFA, all applicants must adhere to format and content instructions;
- ✓ Applicants must submit only the information requested. Letters of support or additional supportive information will not be reviewed or considered.
- ✓ Administrative and technical requirements must be addressed in the application; all requested information must be supplied.
- ✓ The technical review of the application will be based only upon the requested information. Additional rating points will not be award for information not specifically requested under this RFA.
- ✓ An application may be rejected if information provided is vague, conditional, incomplete, or if it contains any alterations of form or other irregularities that at the Department's sole discretion are determined to be of sufficient magnitude or quantity to warrant a finding of being substantially non-compliant or non-responsive.
- ✓ The OLTC may accept or reject any or all applications and may waive any defect it determines to be immaterial in an application. (An OLTC waiver of an immaterial defect shall in no way modify the application requirements or excuse the applicant from full compliance if awarded a grant.)
- ✓ Awards will be contingent on the availability of funding.



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<b>Eligible Applicants</b>	Section 14145.1(a)(1) of the Welfare and Institutions Code specifies that LTCI grants may be awarded to local organizations that are existing or new community based nonprofit organizations or government entities that are committed to implementing long-term care integration pursuant to Section 14139.05 et seq.
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<b>Funding Available</b>	<p>The Department will award a maximum of two grants.</p> <p>An average grant amount is expected to be \$450,000, not to exceed an individual grant of \$500,000.</p>
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<b>Required Match</b>	This RFA requires a budget for grant funds and a budget that identifies 20% matching funds. Matching resources may be in cash or in-kind.
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<b>Applicant Conference</b>	An Applicants' Conference will be held on:
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**November 9, 2004 1:30 – 4:00 PM**

Department of Health Services  
1501 Capitol Avenue  
Conference Room 71.3003 – Manzanita Room  
Sacramento, CA 95814

Individuals who requested an RFA will receive additional information by email prior to the day of the conference. Questions about the RFA posed at the Applicants' Conference will be compiled by the OLTC. A reasonable effort will be made to respond to questions at the Applicants Conference. Written responses to questions about the RFA will be circulated as described below. Copies of the RFA **will not** be available at the conference. Attendees should bring their own copy for reference. The cost of travel to the Applicant's Conference is the responsibility of the applicant and will not be reimbursed by the State of California.

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**RFA  
Questions &  
Answers**

The Department will provide written responses to questions posed during the Applicants' Conference and to written questions submitted after RFA release. The Department will paraphrase the questions in order to consolidate similar questions in order to issue concise responses.

After release of the RFA, written questions may be hand delivered to OLTC, mailed, or emailed to:

Ms. Alice McKenna at [amckenna@dhs.ca.gov](mailto:amckenna@dhs.ca.gov)

The final date for submitting written questions is 4:00 PM on the day of the Applicants' Conference (November 9, 2004) The Department's written responses to applicant questions will be circulated only to those entities that requested RFAs through the Letter of Interest process. OLTC written responses to questions will be released by 5:00 PM November 17, 2004.

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**RFA  
Addenda**

DHS reserves the right to provide addenda to this RFA. The State will make modifications or provide new information by RFA addenda issued pursuant to this section. Changes to this RFA will be sent only to those entities that formally requested an application through a Letter of Interest. Addenda issued after the final filing date will be sent only to applicants.

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**Application  
Format**

The application must be:

- ✓ Typewritten,
  - ✓ Double-spaced using 12-point font or larger,
  - ✓ Set up with 1 inch or greater margins on 8-1/2 by 11 inch paper,
  - ✓ Organized according to content required by this RFA,
  - ✓ Print hard copy, and
  - ✓ Electronic file copy of the application in an email, on a disc or CD.
-



**Number of Copies**

One original (with signature(s)) plus three (3) hard copies of the application as well as an electronic copy in a email, diskette or CD must be submitted, formatted in Microsoft Word 97 or 2000.

**NOTE:** An email file copy may NOT be used for meeting application timeliness requirements. Only print version with original signatures as described below will be acceptable for meeting the application submission deadline. The electronic file copy may be submitted to: Ms. Alice McKenna [amckenna@dhs.ca.gov](mailto:amckenna@dhs.ca.gov)

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**Applicant Contact Person**

Each applicant must designate a contact person and a backup contact person with whom the OLTC staff can communicate for the entire length of the grant application review period. The same requirement is necessary for the contract development period that follows a grant award. Any changes to contact information must be submitted to OLTC immediately to ensure efficient communications during the application process and any subsequent contract negotiations (for successful applicant(s)).

The applicant is responsible to assure that a designated contact person be available throughout the scheduled application evaluation dates. It is not required that the contact person and the Project Director is the same person but the application contact person must have full knowledge of the LTCI project and of the application for 2004 LTCI project funding.

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**Application Submission Methods**

**Only hard copy with original signature(s) will be considered as a timely response to this RFA.** The original with authorized signature and hard copies of the application must be delivered by US postal services, express mail service, courier or in person. The OLTC date stamp serves as the date the application was received.

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**Where &  
When to  
Submit the  
Application**

Application deadline is Wednesday, November 30, 2004 at 5:00 PM.  
Submit applications to:

Hand carried, courier or express mail:

Department of Health Services  
Office of Long Term Care  
1501 Capitol Avenue, Ste. 6031 MS 0018  
Sacramento, CA 95814  
Attention: Carol A. Freels (440-7535)  
*(Leave package at the guard station in the lobby)*

By US mail:

Department of Health Services  
Office of Long Term Care  
P.O. Box 997413 MS 0018  
Sacramento, CA 95899-7413  
Attention: Carol A. Freels

***Faxes and E-mail are not acceptable methods for meeting the  
deadline for application timeliness***



## **Evaluation Process**

Applications that are timely and responsive to RFA requirements will be submitted to an evaluation committee to be reviewed and scored. Applications that are incomplete or fail to meet format and sequence requirements will be determined unresponsive to this RFA and will not be scored.

The OLTC reserves the right to request clarifications from the applicants. However, it is not anticipated that there will be an extensive clarification process. The OLTC may, at its sole discretion, waive any immaterial deviation in an application. This waiver will not excuse an applicant from full compliance with the contract terms and conditions if a grant is awarded.

The evaluation committee will use a staged review process:

1. The application will be reviewed for responsiveness to the RFA. Complete and responsive applications will be recommended for further review.
2. Responsive applications will be reviewed based on the RFA requirements and the scoring tool attached to this RFA.
3. Minimum required score is 70% of the total available points in each of the technical proposal elements. Applications achieving at least 70% scores in the technical proposal section will be ranked and will advance for funding considerations.

Grantees will be selected for funding based on the following:

- An application that is complete and responsive to RFA requirements;
- An application that achieved a PASS in all PASS/FAIL items;
- Applications receiving the highest two scores among those applications scoring over 70% overall will be considered for funding.
- The Chief of the OLTC will make final funding decisions among the two highest scoring applications.

**NOTE:** If no applicants meet RFA requirements, no grants will be funded.

**NOTE:** Depending on the number of complete and responsive applications and the applicant scores, the proposed grant amounts may be adjusted based on available funding.



## **Award Process**

Grant award announcements will be made by December 15, 2004.

Contingent on funding, the Chief of the OLTC will make the final award decision after consideration of the comments and recommendations of the evaluation committee and availability of funds. Successful applicants will receive written notification of the final award decision.

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## **Appeal Process**

Applicants who submitted an application that was responsive, complete, timely and not funded may appeal.

**NOTE:** There is no appeal process for applications that are submitted late, incomplete, unresponsive or non-compliant with format and proposal content requirements.

Grounds for appeal shall be limited to assertions that DHS failed to apply the process and criteria for reviewing and evaluation applications as specified in this RFA. In order to file an appeal, the applicant must file:

- ✓ A complete written appeal describing the grounds of the appeal;
- ✓ A list of the issue(s) in dispute, the legal authority or other basis for the protester's position; and
- ✓ The remedy sought.

Appeals must be postmarked by 4:00 p.m. on the fifteenth (15<sup>th</sup>) calendar day from the date of the grant award decision. ***Faxes or E-mail are not acceptable methods for filing an appeal.*** Letters of appeal must be mailed to:

Carol A. Freels, Chief  
Office of Long Term Care  
Department of Health Services  
P.O. Box 997413 MS 0018  
Sacramento, CA 95899-7413

At the sole discretion of the Chief of the OLTC, hearings may be held with the appellants to discuss the key factors of the appeals, or make a decision based on the written appeal or both. The decision of the Chief of the OLTC shall be the final administrative remedy. Within ten (10) calendar days of receipt of the written appeal, appellants will be sent either:

- 1) A hearing date with a final written decision following the hearing; OR
- 2) Final written decision.



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**Contract Process**

This RFA, the applicant's response to the RFA and portions of the technical proposal, the scope of work, the budget and budget narrative will become the core components for the state contract.

OLTC will work with the successful applicant(s) to execute a contract using the state's standard contract process.

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**Reporting Requirements**

During the grant period a successful grantee is required to provide to the OLTC the following:

- Quarterly invoices with monthly expenditure reports and detailed documentation substantiating expenditures (i.e. receipts, statements).
- A final report will be due at the end of the grant period. Invoices for final payment will not be processed without a final report.

Quarterly progress will be measured against the applicant's technical proposal and the scope of work (SOW A) in the resulting contract.

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**Payment Process**

Payments will be made based on the Department's approval of invoices and approved progress reports. If approved, invoices are paid in arrears for actual allowable costs incurred within the contract period in the performance of the grant activities up to the total of the grant award. All costs billed must be in accordance with the line item budget.

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## Required Application Content

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### **General Instructions**

An application must include each of the following numbered sections in order to be considered responsive to this RFA. An incomplete response to this RFA will result in the disqualification of the application. Competitive applications must address all required content. An application checklist (Attachment C) is provided as a courtesy to applicants. Any inconsistency between the checklist and the RFA requirements is unintentional. It is the applicants' responsibility to comply with all requirements as stated in this RFA.

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### **Application Sections**

The following list presents the required sequence of application sections. Subsequent chapters of this RFA provide applicants with detailed descriptions of the required content for the technical proposal and budget sections. The sequence of applications sections is:

- Section 1 – Application Cover Sheet
  - Section 2 – Table of Contents
  - Section 3 – Executive Summary
  - Section 4 – Statement of Sustainability
  - Section 5 – Technical Proposal
    - 5a -- Grant Applicant
    - 5b – LTCI Plan
    - 5c – Scope of Work
  - Section 6 – Budget Narrative and Budget
-



**1**  
**Cover Sheet**

A recommended format for the application cover sheet is found in Attachment B. The application cover sheet must be complete and will include all the following information:

- ✓ Application Contact Person's (and a back-up Contact Person) names, titles, employers, mailing address, e-mail address, telephone and FAX numbers; ***OLTC will communicate only with the Application Contact Person (or back-up) during the grant application period unless OLTC receives a formal substitution for the contact person.***
- ✓ Project Director's name, title and employer; (may or may not be the same as a Contact Person);
- ✓ Financial Officer's name, title, employer, address and telephone number;
- ✓ Contract Officer's name, title, employer, telephone number;
- ✓ Federal ID number;
- ✓ Geographic area to be served by the LTCI plan; and
- ✓ Signature, typed name, title, address, e-mail and telephone number of person authorized to submit the grant application.

**NOTE:** Cover sheet formats may vary slightly. Cover sheets must include each item named above. ***If there is any change to the information requested on the cover sheet, submit an updated cover sheet immediately in order to ensure proper communications during the application process and the subsequent contract award process (for successful applicant(s)).***

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**2**  
**Table of Contents**

The application must include a table of contents showing application sections and page numbers.

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**3**  
**Executive Summary**  
**5 Points**

The application must include an Executive Summary that is a concise statement (2 page maximum) of the key points of the application's Technical Proposal generally describing how the proposed grant activities will achieve full continuum, fully capitated and integrated Medi-Cal and Medicare managed care services for at least the target population specified in W&I 14139.11 et seq. by January 1, 2007.

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**4**  
**Statement of**  
**Sustainability**  
**15 Points**

The application must include a Statement of Sustainability (2 page maximum) that is a brief statement that describes the applicant's intent and commitment to implementing a comprehensive, integrated and fully capitated LTCI system and scope of Medi-Cal and Medicare benefits by January 1, 2007. The purpose of this requirement is to ensure that grant funding is targeted only to applicants that are aggressively committed to full implementation of an integrated LTCI system absent additional state grant funding within a designated service area. The statement must demonstrate:

- ✓ A business relationship with a qualified Medi-Cal managed health care plan (if the applicant is not a qualified Medi-Cal managed health plan) that will implement the LTCI program.
  - ✓ Commitment of non-state grant funded resources that will logically continue LTCI activities until implementation by January 1, 2007 or sooner.
- 

**5**  
**Technical**  
**Proposal**  
**165 Points**

The technical proposal section of the application must include a description of the applicant organization, a description of how the applicant will use grant money to fund activities and tasks that will logically result in LTCI implementation; including, the goals, objectives, tasks and deliverables that will mark the progress and sustainability of efforts toward a fully integrated LTCI system and the implementation of a Medi-Cal managed LTCI system beginning January 1, 2007 or earlier. Additional detail about the Technical Proposal is covered in later in this RFA.

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**6**  
**Budget**  
**Narrative**  
**and Budgets**  
**Pass/Fail**

The application must include a Budget Narrative, a Grant Funding line Item Budget, a Matching Funds Line Item Budget and a Budget Narrative. The budgets must be logical as compared to the Scope of Work (SOW A) and the technical proposal content in general. The required formats for budget documents can be found in Attachments G, H and I.

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## Technical Proposal Requirements *(165 Points Possible)*

### General Information

The Technical Proposal must be organized in the sequence required in this RFA. Each section and element will be reviewed and evaluated as indicated on the scoring tool. The scoring tool can be found in Attachment L.

Section 5, the Technical Proposal is to be divided into three sub-sections:

Sub-Sections
5a -- Grant Applicant - <i>30 Points</i>
5b -- LTCI Plan – <i>95 Points</i>
5c -- Scope of Work – <i>40 Points</i>

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## Sub-Section 5a -- LTCI Grant Applicant *(30 Points Possible)*

### Eligible LTCI Population *5 Points*

The application must include a description of how the applicant will serve, at least, the LTCI eligible population as described in statute. As stated previously, the LTCI eligible population is defined in statute as:

Welfare & Institutions Code section 14139.41 describes the LTCI eligible population. This definition includes individuals who:

- (1) Are Medi-Cal eligible.
- (2) Are functionally or cognitively impaired. For purposes of this paragraph "cognitively impaired" means having an impairment caused by organic brain disorder or disease.
- (3) Are adults.
- (4) Need assistance with two or more activities of daily living or are unable to remain living independently without the long-term care services provided through the pilot program operated pursuant to this article.

**This RFA requires that implementation is to include Medi-Cal eligible individuals AND those who are dually eligible for Medi-Cal and Medicare.**

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**LTCI  
Included  
Services**  
*5 Points*

The application must include a description of how the LTCI plan will provide the full continuum of Medi-Cal and Medicare services with federally optional home and community-based services managed through fully capitated Medi-Cal and Medicare health plan(s) with no carved out services. Describe how the LTCI plan will assume the full financial risk related to costs of managing the enrolled population with comprehensive and proactive care management. Include in the description how LTCI services will include care management across the continuum of medical, social and supportive services.

**NOTE:** As a courtesy to applicants, a list of Medi-Cal services is supplied in Attachment D.

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**Eligible  
Applicant**  
*Pass/Fail*

The application must include a description of how the applicant meets the requirements of being eligible for an LTCI grant. LTCI grants may be awarded to local organizations that are existing or new community based nonprofit entities or government entities for purposes of implementing long-term care integration programs.

Additionally, the FY 2004-2005 Budget Control Language provides that the Department of Health Services may offer grants to implement and conduct activities associated with long-term care integration, including support to local organizing groups for the purpose of completing activities to implement the integration health plans.

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**Organization**  
*Pass/Fail*

The applicant must describe the agency that will be the grantee under this RFA. Include in the description whether or not the applicant is a currently operating Medi-Cal managed health care plan.

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**LTCI Service  
Area**  
*5 Points*

The applicant must describe the proposed LTCI service area. At minimum, LTCI service area(s) should include one countywide area. Applicants may designate a larger geographical LTCI service area.

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**Authority to  
Implement  
LTCI**  
*5 Points*

The applicant must describe the applicant's authority to identify and implement LTCI managed care plan in the designated service area.

If the grant applicant is not a current Medi-Cal managed health care plan, the applicant must describe a business relationship with a qualified Medi-Cal health plan that will logically result in a qualified health plan that will implement LTCI by January 1, 2007.

If the grant applicant is a Medi-Cal managed health care plan, the applicant must demonstrate the authority to implement and contract as necessary.

**\*NOTE:** A qualified health plan must meet all applicable State and federal requirements to operate a managed health care plan by January 1, 2007.

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**LTCI Plan  
Selection  
Process**  
*5 Points*

If the grant applicant is not a health plan, the applicant must demonstrate and justify in the application how it will accept the capitation reimbursement from Medi-Cal and Medicare in order to implement its LTCI program. The applicant must also describe the process and criteria used to identify a qualified health plan that will be the designated LTCI health plan.

If the applicant is a health plan, this requirement is deemed to have been met.

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**County  
Board of  
Supervisors  
Support**  
*5 Points*

All grant applicants must demonstrate in the application the support and commitment of the county(ies) represented in the designated LTCI service area. The applicant must include a resolution or a letter of support from the governing board of supervisors from each county represented in the proposed LTCI service area.

If the applicant is a county entity, the letter of support or resolution must also demonstrate commitment to the LTCI implementation effort and start date.

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## **Section 5b -- Long Term Care Integration (LTCI) Plan Requirements (95 Possible Points)**

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### **Organization and Staffing** **15 Points**

Describe how LTCI health plan organization and staffing will differ from the organization and staffing in a traditional Medi-Cal managed care plan. Include a description of:

- ✓ Describe LTCI staffing in each administrative unit in the LTCI health plan including percentage of time towards LTCI.
  - ✓ Provide an organization chart displaying administration and service functions (including job titles, organization titles).
  - ✓ Describe staff qualifications and expertise of LTCI staff; for example expertise in clinical areas, care management and/or social services.
-



**Care  
Management**  
*30 Points*

Describe how care management under the LTCI plan will be different from care management of traditional managed care models. Include in your description an emphasis on serving the LTCI population with reference to:

- ✓ Care management staff qualifications and expertise to manage medical, social and supportive services.
- ✓ The proposed care management model and proposed staffing plan.
- ✓ The major elements of a training plan for care management staff.
- ✓ Strategy and considerations for the location of the LTCI care management program and whether it will be part of an existing unit or program or a separate and/or new care management unit.
- ✓ Strategy for maximizing the use of home and community-based services and supports to ensure consumer independence and avoidance of institutional placement.
- ✓ Coordination of the medical, social and supportive services for LTCI members.
- ✓ Considerations for the authorization of medical, social and supportive services based on the needs of the LTCI population.
- ✓ Describe the preliminary plan for assessing potential members for LTCI services.
  - What will be the strategy for identifying an assessment tool?
  - What elements will be included in your assessment tool.
  - What types of service will it be designed to encompass and is it comprehensive?
  - What “off the shelf” assessment tool product will be used or is being considered?
  - What is the strategy for developing a care plan and authorizing services based on the assessment tool.
  - Will there be multiple levels of assessment and care management? If so, what will trigger the assessments?
- ✓ Will the care managers have the authority to authorize services across the full continuum of LTCI services? If yes, provide additional explanation. If no, provide the rationale
- ✓ Explain how the care managers will work with family members, caregivers, or legal representatives to develop and/or modify the care management plan, as needed.
- ✓ How will care managers ensure person-centered care planning?
- ✓ What entity will provide oversight to the care management unit?



**Care  
Management**  
*(continued)*

- ✓ What internal controls are set up to ensure that authorization of services is driven by patient need and not overridden by financial interest of the health plan or member pressure?
  - ✓ Explain oversight of the LTCI care management unit with regard to each of the following areas:
    - Assessments
    - Service authorizations
    - Management of costs
    - Follow-up with regard to member requests and/or unusual incidents.
    - Coordination with other services
  - ✓ What criteria or mechanism will be used to track and monitor changes in care needs as a member's health improves or declines?
  - ✓ How are multidisciplinary teams involved in the LTCI care management and integrated long-term care system?
    - Do they meet on a regular basis?
    - What are their roles and responsibilities?
    - Who is in charge?
    - Who convenes meetings and sets agendas?
    - Who ensures follow up?
    - Who is the decision-maker if consensus is not achieved?
  - ✓ What criteria will trigger care manager and/or interdisciplinary team intervention?
- 

**Community  
& Cultural  
Responsive-  
ness**  
*9 Points*

Describe the how the LTCI plan will be responsive to the community and to the unique needs of seniors and individuals living with disabilities with regard to comprehensive LTCI coverage under Medi-Cal and Medicare. Include the following considerations:

- ✓ What methods will be used to educate and inform individuals and other agencies about LTCI coverage?
- ✓ Based on the cultural and linguistic demographics in the LTCI service area, what languages and/or cultural contexts would be considered when selecting or developing educational and informational materials and methods?
- ✓ How will outreach efforts include limited English speakers, visually and hearing-impaired individuals and others represented in the LTCI service area.
- ✓ What staff training will be necessary in order to be sensitive to the target LTCI population and their needs? For example, regarding "independence" and "quality of life" and avoidance of patronizing language, attitudes and actions on the part of LTCI staff.



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**Member  
Services**  
**6 Points**

Describe how the LTCI member services function will be different from a traditional Medi-Cal managed care plan member services function with reference to the needs of the eligible LTCI population. Include in your discussion:

- ✓ Anticipated modifications to the member services staffing due to LTCI needs.
- ✓ Major staff training components for the member services staff.
- ✓ The proposed process for handling complaints and grievances for an integrated LTCI system and how it compares to the traditional Medi-Cal managed care member complaint and grievance system.
- ✓ How the complaints & grievance process will be accelerated for the fragile LTCI population.
- ✓ How the member services unit will interact with other health plan administrative units, for example, care management.

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**Provider  
Network  
Development  
& Education**  
**15 Points**

Describe how the LTCI provider network will be different from a traditional Medi-Cal managed care plan network with reference to the needs of the eligible LTCI population. Include in your discussion:

- ✓ A description of how access will be assured to providers who are experienced in the appropriate services and care for the LTCI population.
- ✓ A description of any proposed additions to the provider network based on the needs of the eligible LTCI population. Include the addition of social & supportive service providers.
- ✓ A description of the methods for recruiting and identifying necessary providers for LTCI services.
- ✓ Identification of any challenges in recruiting specialty providers that may be unique to the LTCI population and the service area.
- ✓ Describe proposed recruitment & training plan for all new LTCI providers. Include in the plan, how providers for personal care services will be recruited and retained and identify any anticipated challenges.
- ✓ Include in your description how personal care services will be purchased or arranged under the LTCI program.



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**Quality  
Outcomes**  
*10 Points*

Describe how quality outcome measures under an LTCI program will be different from quality outcomes under traditional Medi-Cal managed care plans with reference to the needs of the eligible LTCI population. Include in your discussion:

- ✓ A description of what quality measures will be used for LTCI. Depending on the care-planning model, some examples could include emergency room visits, acute care length of stays, nursing facility stays, consumer surveys, etc.
  - ✓ How the outcome measures will be used by the care managers and others in the organization to improve services and/or service delivery?
  - ✓ An explanation of how the quality standards will be developed and/or selected for LTCI services.
  - ✓ What internal mechanism will be developed and used to identify and correct deficiencies?
- 

**Information  
Support of  
Care  
Management**  
*10 Points*

Describe how the information support for care management under an LTCI program will be different from information management under traditional Medi-Cal managed care plan with reference to the needs of the eligible LTCI population. Include in your discussion:

- ✓ How can care managers access real time patient information quickly due to the frailty of the enrolled population?
  - ✓ Describe the strategy that would enable notes/records written by direct care providers, including home and community-based care providers, to be incorporated into the LTCI information management program.
- 

**Medicare  
Pass/Fail**

Describe the strategy and time frame for becoming a Medicare provider. The goal of this RFA is to integrate both Medi-Cal and Medicare funding and services by January 1, 2007.

**NOTE:** In the case of Medi-Cal managed care health plans that currently have restrictions on enrolling dually eligible individuals (Medi-Cal and Medicare), applicants should describe a proposed plan that enables enrollment of dually eligible individuals by January 1, 2007.

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## Section 5c -- Scope of Work (SOW) Requirements

### (40 Possible Points)

#### SOW Content

The application must include a Scope of Work that describes the applicant's specific activities and tasks that will be performed relative to the issues and topics listed in the technical proposal section of this RFA. The SOW shall be focused on activities necessary to establish a fully functioning LTCL managed care plan.

**NOTE:** Using grant funding for studies, research and special projects, however related, are not considered appropriate for implementation activities.

The Scope of Work will be divided into two parts:

- SOW A Scope of Work – January 1, 2005 through June 30, 2005
- SOW B Scope of Work – July 1, 2005 through January 1, 2007.

SOW A must describe the activities that will be financed with funding from this grant. SOW A will become the Scope of Work for the state contract in the case of the successful applicant

SOW B must describe the activities that will be sustained beyond grant funding and will be funded with other resources. **The Department's goal in providing this/these grant(s) is implementation of full continuum, integrated LTCL services under Medi-Cal and Medicare by January 1, 2007.** Points will be awarded for building in resources and activities that can be sustained after the end of state grant funding on June 30, 2005

Required formats for SOW A and SOW B are found in Attachment E.

The Scope of Work (SOW A and SOW B) must include activities that address all topic headings required in the technical proposal section of this RFA. As a reminder, these topic headings are listed in a footer on the SOW forms.



**SOW  
Consistency**

Both the SOW A and SOW B must be consistent with the technical proposal content and the proposed budget.

The SOW B must describe actions and tasks that will logically result in full implementation of LTCI services (Medi-Cal and Medicare) and enrollment of the eligible population in the designated service area by January 1, 2007. The scoring tool is found in Attachment L.



## Section 6 -- Budget Proposal Requirements (*Pass/Fail*)

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### **Budget Narrative**

The Budget Narrative must explain the amounts that appear in the line item budget that will be used to support the SOW A. For example:

*20% FTE Resource Developer at \$65,000 per year*

Applicants are required to submit a budget narrative that is reasonable and appropriate to support the activities stated in the SOW A. The budget narrative must be submitted in the format in Attachment G.

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### **Line Item Budget**

The line item budgets present the categories of budgeted costs that will be financed by grant funding and matching funds. There will be two line item budgets:

- Grant Funds Line Item Budget
- Matching Funds Line Item Budget

The Grant Funds Line Item Budget will become the budget for the state contract in the case of the successful applicant. The line item budget must be submitted using the format in Attachment H. Submit the line item budgets consistent with these guidelines:

- ✓ The line item budget must include only allowable expenditures.
  - ✓ The applicant may NOT add line items in the grant fund budget.
  - ✓ The applicant MAY add line items for matching fund budget.
  - ✓ The proposed grant fund budget must not exceed \$500,000.
  - ✓ Average grant total is likely to be \$450,000.
  - ✓ Budget amounts and line items may be adjusted by the Department during final contract negotiations.
  - ✓ Applicants are not required to use all line items.
-



**Allowable  
Expenditures**

Budgeted expenses must relate directly with activity described in the technical proposal and in SOWs. For the successful grantee(s), the the Grant Funds Line Item Budget and budget narrative will be negotiated to become the contract budget. Allowable grant expenditures include, but are not limited to:

- ✓ Staff support
- ✓ Staff benefits (consistent with the lead agency's personnel policies)
- ✓ Contracted services
- ✓ Data analysis
- ✓ Supplies and postage (minimal)
- ✓ Media
- ✓ Educational/Informational Materials
- ✓ Equipment (as allowed by standard state contract rules)

Grant funds may **NOT** be used for:

- ✓ Bonuses & commissions
- ✓ Lobbying
- ✓ Fund raising
- ✓ Purchase of real estate
- ✓ Interest payments
- ✓ Costs of RFA response
- ✓ Out-of-state travel
- ✓ Food (except for approved per diem expenses)
- ✓ Capital improvements
- ✓ Vehicle purchase
- ✓ Vehicle rent; except as allowed under per diem
- ✓ Program services or aids that are of a religious nature

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**Required  
20%  
Match**

As a condition of receiving grant funds, grantees are required to provide a 20% match in either cash or in-kind contributions. The application must include a Matching Funds Line Item Budget and a description of how the applicant will meet the 20% matching requirement. For example, applicants may propose dedicating existing staff resources to meet this match.

The proposed match must be available and utilized during the grant period, as budgeted. Failure to meet this requirement will result in a reduction or withholding of grant payments until the match requirement is met.

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**In-Kind  
Match**

Items, which may be considered as acceptable in-kind services include:

- ✓ Staff time
- ✓ Consultant time
- ✓ Rent;
- ✓ Equipment
- ✓ Donations of funds or supplies from private sources;
- ✓ Private foundation grants or funding.

Specifically excluded is the use of volunteer staff.

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## **Attachments & Forms**



## **LTCI Statute**

CALIFORNIA CODES  
WELFARE AND INSTITUTIONS CODE  
*SECTION 14139.05-14139.62*

14139.05. The Legislature finds and declares that:

(a) Long-term care services in California include an uncoordinated array of categorical programs offering medical, social, and other support services that are funded and administered by a variety of federal, state, and local agencies and are replete with gaps, duplication, and little or no emphasis on the specific concerns of individual consumers.

(b) Although the need for a coordinated continuum of long-term care services has long been apparent, numerous obstacles prevent its development, including inflexible and inconsistent funding sources, economic incentives that encourage the placement of consumers in the highest levels of care, lack of coordination between aging, health, and social service agencies at both state and local levels, and inflexible state and federal regulations.

(c) The office of the Legislative Analyst and others have pointed out that California's systems of service delivery in a number of areas are dysfunctional, due to the fragmentation of responsibility and funding for interrelated services. Principles proposed by the Legislative Analyst to guide the restructuring of these systems include recognizing program linkages, coordinating service delivery mechanisms, removing barriers to innovation, and instilling financial incentives to promote prevention and coordination.

(d) It is both more efficient and more humane to restructure long-term care services so that duplicative and confusing eligibility criteria, assessments, intake forms, and service limitations will not inhibit consumer satisfaction, impede improvements in consumer health status, and result in the ineffective use of resources.

(e) There is a growing interest in community-directed systems of funding and organizing the broad array of health, support, and community living services needed by persons of all ages with disabilities.

(f) It is in the interest of those in need of long-term care services, and the state as a whole, to develop a long-term care system that provides dignity and maximum independence for the consumer, creates home and community based alternatives to unnecessary out-of-home placement, and is cost effective.

14139.1. (a) It is the intent of the Legislature to establish the Long-Term Care Integration Pilot Program that will integrate the financing and administration of long-term care services in up to five pilot project sites in the state. Contingent upon a state approved administrative action plan, at least one site shall be in a rural or underserved part of the state.

(b) It is further the intent of the Legislature to support, in each pilot project site, the development of a model integrated service delivery system that meets the needs of all



beneficiaries, both those who live in their own homes and those who are in out-of-home placements, in a humane, appropriate, and cost-effective manner.

14139.11. The goals of this pilot program shall be to:

(a) Provide a continuum of social and health services that foster independence and self-reliance, maintain individual dignity, and allow consumers of long-term care services to remain an integral part of their family and community life.

(b) If out-of-home placement is necessary, to ensure that it is at the appropriate level of care, and to prevent unnecessary utilization of acute care hospitals.

(c) If family caregivers are involved in the long-term care of an individual, to support caregiving arrangements that maximize the family's ongoing relationship with, and care for, that individual.

(d) Deliver long-term care services in the least restrictive environment appropriate for the consumer.

(e) Encourage as much self direction as possible by consumers, given their capability and interest, and involve them and their family members as partners in the development and implementation of the pilot project.

(f) Identify performance outcomes that will be used to evaluate the appropriateness and quality of the services provided, as well as the efficacy and cost effectiveness of each pilot project, including, but not limited to, the use of acute and out-of-home care, consumer satisfaction, the health status of consumers, and the degree of independent living maintained among those served.

(g) Test a variety of models intended to serve different geographic areas, with differing populations and service availability.

(h) Achieve greater efficiencies through consolidated screening and reporting requirements.

(i) Allow each pilot project site to use existing funding sources in a manner that it determines will meet local need and that is cost-effective.

(j) Allow the pilot project sites to determine other services that may be necessary to meet the needs of eligible beneficiaries.

(k) Identify ways to expand funding options for the pilot program to include medicare and other funding sources.

14139.12. It is the intent of the Legislature that the costs of this pilot program to the General Fund will not exceed the direct and indirect costs that existing programs would expect to incur had the integrated services not been provided through this pilot program. If the Department of Finance determines, and informs the director in writing, that the implementation of this pilot program will result in any additional costs to the state relative to the provision of long-term care services to eligible beneficiaries, the department may terminate the operation of all or any part of this pilot program. The state shall not be held liable for any additional costs incurred by a pilot project site. Any such determination made by the Department of Finance shall be available to any party upon request.

14139.13. (a) Any contract entered into pursuant to this article may be renewed if the long-term care services agency continues to meet the requirements of this article and the contract. Failure to meet these requirements shall be cause for nonrenewal of the



contract. The department may condition renewal on timely completion of a mutually agreed upon plan of corrections of any deficiencies.

(b) The department may terminate or decline to renew a contract in whole or in part when the director determines that the action is necessary to protect the health of the beneficiaries or the funds appropriated to the Medi-Cal program. The administrative hearing requirements of Section 14123 do not apply to the nonrenewal or termination of a contract under this article.

(c) In order to achieve maximum cost savings the Legislature hereby determines that an expedited contract process for contracts under this article is necessary. Therefore, contracts under this article shall be exempt from Chapter 2 (commencing with Section 10290) of Part 2 of Division 2 of the Public Contract Code.

(d) The Director of the Department of Managed Health Care shall, at the director's request, immediately grant an exemption from Chapter 2.2 (commencing with Section 1340) of Division 2 of the Health and Safety Code for purposes of carrying out any contract entered into pursuant to this article.

14139.2. The department shall serve as the lead agency for the administration of this chapter. The department's responsibilities shall include, but are not limited to:

- (a) Development of criteria for the selection of pilot project sites.
- (b) Selection of the pilot project sites to participate in the pilot program.
- (c) Providing, or arranging for, technical assistance to participating sites.
- (d) Development of specific performance outcome measures by which the program can be evaluated.
- (e) Development of standards for complying with reporting requirements specified in state law for the programs integrated within the pilot program implemented pursuant to this article. The standards developed pursuant to this subdivision shall apply in lieu of any existing reporting obligations for the programs. The existing individual reporting requirements for programs integrated within the pilot program shall be deemed to have been met through the reports required by this section. Existing requirements for reports to the Office of Statewide Health Planning and Development shall not be eliminated.
- (f) Seeking all federal waivers necessary for full implementation of the pilot program.
- (g) Setting a payment rate consistent with Section 14139.5.
- (h) Approval or disapproval of administrative action plans.

14139.21. The department may accept funding from federal agencies, foundations or other nongovernmental sources and may contract with qualified consultants to assist with the provision of technical assistance, the development of data collection, reporting, and analysis systems, or any other purposes that further the goals of this demonstration program. The department shall not accept funds from any entity that stands to gain financially from implementation of the pilot program. In contracting with consultants to assist with the pilot program, the department shall specify timelines and delivery dates so as to ensure the continued implementation of the pilot program.

14139.22. (a) The department shall convene a working group that shall include the Director of Health Services, the Director of Social Services, and the Director of Aging, or the program staff from each of those departments who have direct responsibility for the



programs listed in subdivision (b) of Section 14139.32, and may include the Director of Mental Health and the Director of Rehabilitation, or program staff from those departments with direct responsibilities for programs that may be included as a service in any pilot project site, and representatives from each pilot project site upon its selection.

(b) The department shall consult with the working group during the designing of the pilot program, in the selection of the pilot project sites, and in the monitoring of the program under this article, and shall utilize the working group as a resource for problem-solving and a means of maintaining interdepartmental and intersite communication.

(c) The working group shall strive to ensure that the pilot program under this article makes maximum use of home-based and community-based services, and throughout the continuum of care for each beneficiary, encourages the use of the least restrictive environment in which the beneficiary can receive appropriate care.

14139.23. Upon the implementation of the pilot program, responsibility for administering the programs integrated within the pilot program shall be transferred to the department, and shall be specified in an interagency agreement between participating departments. Prior requirements for any program integrated within this pilot program shall be deemed to have been met through compliance with the requirements established by this article, by the department for the pilot program by each county's approved plan, and by the approved applicable federal waivers.

14139.24. The department shall seek all federal waivers necessary to allow for federal financial participation in the pilot program implemented pursuant to this article. This article shall not be implemented unless and until the director has executed a declaration that the approval of all necessary federal waivers has been obtained by the department.

14139.25. Notwithstanding any other provision of this article, costs to the General Fund shall not exceed the amount that would have been expended in the absence of the pilot program.

14139.3. (a) Pilot project sites may be comprised of a single county, a multicounty unit, or a subcounty unit.

(b) Each selected site shall do all of the following:

(1) Establish a consolidated long-term care services fund that shall accommodate state and federal fiscal and auditing requirements, shall be used solely for the purposes described in this article, and shall not be used for any county pooled investment fund.

(2) Identify a local entity, that may be either a governmental entity or a not-for-profit private agency, to administer the fund. The local entity may be one that already exists, or may be established for the express purpose of administering the fund. This agency shall be designated as the long-term care services agency and shall contract with the department to carry out this article.

(3) Develop and provide to the department an administrative action plan that shall include, but is not limited to:

(A) A complete description of the covered scope of services and programs to be integrated.



(B) A complete description of the proposed long-term care delivery system and how it will improve system efficiency and enhance service quality.

(C) Demonstration of a willingness and commitment by the long-term care services agency to work with local community groups, providers, and consumers to obtain their input.

(D) Proposed measurable performance outcomes that the pilot program is designed to achieve.

(E) A description of the expected impact on current program services to Medi-Cal eligible beneficiaries and consumers of non-Medi-Cal services included in the integrated system.

(F) Assurance of minimal disruption to current recipients of long-term care services during the phase-in of the pilot project.

(G) Reasonable assurance that services provided will be responsive to the religious, cultural, and language needs of beneficiaries.

(H) Assurances that providers who serve the needs of special populations such as religious and cultural groups or residents of multilevel facilities as defined in paragraph (9) of subdivision (d) of Section 15432 of the Government Code and community care retirement communities as defined in subdivision (u) of Section 1771 of the Health and Safety Code, will be able to continue to serve those persons when willing to contract under the same terms and conditions as similar providers.

(I) Specific alternative concepts, requirements, staffing patterns, or methods for providing services under the pilot project.

(J) A process to assure that Medi-Cal dollars are appropriately expended in accordance with federal requirements.

(K) A description of how the pilot project site will maintain adequate fiscal control and ensure quality of care for beneficiaries.

(L) A description of how the pilot project site will coordinate, relate to, or integrate with Medi-Cal managed care plans, local managed care plans, and other organizations which provide services not part of the pilot project.

(M) A proposed timeline for planning and startup of the pilot project.

(N) An estimate of costs and savings.

(O) Demonstration of the financial viability of the plan.

(c) The administrative action plan shall reflect a planning process that includes long-term care consumers, their families, and organizations that represent them, organizations that provide long-term care services, and representatives of employees who deliver direct long-term care services. The planning process may include, but is not limited to, the members of the local advisory committee required pursuant to Section 14139.31.

(d) The administrative action plan shall receive the approval of the county board of supervisors before it is submitted to the department for final state approval. The board of supervisors shall present evidence of the commitment to the administrative action plan of all publicly funded agencies that currently serve consumers who will be eligible under the pilot project, and all publicly and nonpublicly funded agencies that will be responsible for providing services under the pilot project. This evidence may include resolutions adopted by agency governing bodies, memoranda of understanding, or other agreements pertinent to the implementation of the plan.



14139.31. In order to be selected, a pilot project site shall demonstrate that it has an active advisory committee that includes consumers of long-term care services, representatives of local organizations of persons with disabilities, seniors, representatives of local senior organizations, representatives of employees who deliver direct long-term care services, and representatives of organizations that provide long-term care services. At least one-half of the members of the advisory committee must be consumers of services provided under this chapter or their representatives.

14139.32. (a) The administrative action plan shall identify the funds to be transferred into the consolidated long-term care services fund.

(b) The funds shall include Medi-Cal long-term institutional care, the Medi-Cal Personal Care Services Program, and the In-Home Supportive Services Program and may include funds from the following programs and services:

- (1) Multipurpose Seniors Services Program.
- (2) Alzheimer's Day Care Resources Centers Program.
- (3) Linkages Program.
- (4) Respite Program.
- (5) Adult Day Health Care Program.
- (6) Medi-Cal home health agency services.
- (7) Medi-Cal home-based and community-based waiver programs.
- (8) Medi-Cal hospice services.
- (9) Medi-Cal acute care hospital services.
- (10) Other Medi-Cal services, including, but not limited to, primary, ancillary, and acute care.

(c) Optional program funds enumerated in subdivision (b) of Section 14139.32 shall be included in the long-term care services fund in any case where a program was funded prior to its integration into the pilot project.

(d) In determining which project sites to select for participation in the pilot program, the department shall give preference to those sites that include funds from the largest number of programs existing within the project site at the time the site applies for selection, provided the administrative action plan meets all other selection criteria. With the exception of up to one rural county, preference shall be given to project sites that include primary, ancillary, and acute care in the consolidated fund, provided their administrative action plan meets all other selection criteria.

14139.33. The administrative action plan shall delineate the services to be provided to all eligible beneficiaries. At a minimum, services to be provided shall include all of the following:

(a) Care or case management, including assessment, development of a service plan in conjunction with the consumer and other appropriate parties, authorization and arrangement for purchase of services or linkages with other appropriate entities, service coordination activities, and followup to determine whether the services received were appropriate and consistent with the service plan. Service coordination activities shall ensure that the records of each beneficiary are maintained in a consistent and complete manner and are accessible to the beneficiary or his or her family, and providers involved



in his or her care. This shall be the case whether a beneficiary resides in his or her own home or in a licensed facility.

(b) Education of beneficiaries, their families, and others in their informal support network, including independent living skills training to maximize the independence of the beneficiary.

(c) In-home services.

(d) Adult day services.

(e) Institutional long-term care.

(f) Hospice services.

(g) Linkages to acute care services and primary care services, if they are not included in the integrated plan.

14139.34. The administrative action plan may also include any of the following services:

(a) Transportation.

(b) Home modification.

(c) Medical services, including, but not limited to, primary, ancillary, and acute care.

(d) Housing and residential services.

(e) Other services determined by the pilot project to be necessary to meet the needs of eligible beneficiaries.

14139.35. The department may exempt a pilot project site from the requirements of subdivisions (d) and (f) of Section 14139.33 if both the following conditions are met:

(a) State funds were not being used in the geographic area covered by the pilot projects to provide those services at the time of application to the pilot program.

(b) The pilot project site can demonstrate to the department how it plans to develop these services, and within what timeframe, during the pilot program.

14139.36. (a) If primary, ancillary, and acute care are not included among the services offered by a pilot project site, the administrative action plan shall include all of the following:

(1) A mechanism for tracking the usage of these services by beneficiaries of the plan.

(2) Provisions for the future inclusion of those services in the integrated plan, including the process and timeline by which they will be integrated.

(b) The department shall, in consultation with the pilot project sites, apply to the federal health care financing administration for a waiver that allows the pilot projects to include medicare funds in the long-term care services fund. Upon receipt of the waiver, within a time period to be designated by the department specific to each site, each pilot project site shall assume responsibility for primary, ancillary, and acute care services.

14139.37. The administrative action plan shall delineate specifically how the pooled funds will be used to deliver services to all eligible recipients in the geographic area covered by the pilot project site.

14139.38. Participating counties shall continue their financial maintenance of effort for each of the programs integrated within the pilot program under this article. The amount



of a county's maintenance of effort shall be the same as if the program were not integrated within the pilot program pursuant to this article, and funds equal to this amount shall be deposited in the local consolidated long-term care services fund.

14139.4. (a) The long-term care services agency shall be responsible and at risk for implementing the administrative action plan. The long-term care services agency shall do all of the following:

(1) Respond, or provide for response to, consumer needs on a 24-hour, seven-day-a-week basis.

(2) Conduct comprehensive assessments.

(3) Determine eligibility for long-term care services based on the assessment information.

(4) Provide for contractual arrangements for the provision of, and payment for, sufficient services to meet the long-term care needs of the eligible beneficiary in his or her home, community, residential facility, nursing facility, or other location based on the mix of programs or services included in the administrative action plan.

(5) Provide linkages to acute care hospitals.

(6) Maintain control over utilization of services that are authorized.

(7) Monitor the quality of care provided to consumers.

(8) Maintain a consumer grievance process.

(9) Manage the overall cost-effectiveness of the pilot project for its duration.

(b) Services may be provided through contracts with community-based providers. In instances where a specific service does not exist in the community, the long-term care services agency may facilitate the development of local programs that provide these services or may provide the services directly, if doing so can be demonstrated to be cost effective.

14139.41. (a) For purposes of this chapter, "eligible beneficiaries" shall be defined as persons meeting all the following criteria:

(1) Are Medi-Cal eligible.

(2) Are functionally or cognitively impaired. For purposes of this paragraph "cognitively impaired" means having an impairment caused by organic brain disorder or disease.

(3) Are adults.

(4) Need assistance with two or more activities of daily living or are unable to remain living independently without the long-term care services provided through the pilot program operated pursuant to this article.

(b) To the extent eligible beneficiaries also receive services from a regional center that serves a pilot project site, the pilot project shall delineate in its administrative action plan how services will be coordinated by the two agencies.

14139.42. (a) Each pilot project site shall serve all eligible beneficiaries who live in the geographic area served by the long-term care services agency. In order to eliminate duplicative administrative costs and to achieve a more efficient delivery system, pilot project sites shall also serve non-Medi-Cal eligible individuals who, but for the



implementation of the pilot project, would have received services from programs whose funds are included in the consolidated long-term care services fund.

(b) Funding sources allocated for persons who are not eligible for Medi-Cal benefits may be integrated into the consolidated long-term care services fund. To the extent those funds are spent on services for persons who are not eligible for Medi-Cal benefits, they shall be segregated from capitated funds for Medi-Cal beneficiaries. No funds derived from the capitated Medi-Cal rate may be used for persons who are not eligible for Medi-Cal.

14139.43. This article shall not preclude a long-term care services agency from entering into additional agreements, separate from the pilot project, to serve additional individuals or populations.

14139.44. Pilot project sites shall ensure provider reimbursement rates that are adequate to maintain compliance with applicable federal and state requirements.

14139.5. The department shall set a capitated rate of payment that is actuarially sound and that is based on the number of beneficiaries who are eligible for Medi-Cal benefits to be enrolled in the pilot project, the mix of provided services and programs being integrated, and past Medi-Cal expenditures for services. The rate shall reflect, and the contract shall delineate, the rate at which the local long-term care services agency shall assume the total risk and the mechanisms that shall be used, which may include, but are not limited to, risk corridors, reinsurance, or alternative methods of risk assumption.

14139.51. If the department determines that a program or programs cannot reasonably be capitated, funds may be transferred separately from the capitation payment. The amount of those noncapitated funds shall be based on amounts that would have been expended by the state for those programs in the absence of the pilot program implemented under this article.

It is the intent of the Legislature that, if any local pilot project experiences net savings, those savings shall be used for project expansion and improvement, or to build the required tangible net equity, or if there is no need for expansion or improvement or to build tangible net equity, may be shared by the long-term care services agency and the state.

14139.53. (a) The department shall develop criteria to ensure that pilot project sites maintain fiscal solvency, including, but not limited to, the following:

- (1) The capability to achieve and maintain sufficient fiscal tangible net equity within a timeframe to be specified by the department for each pilot project site.
- (2) The capability to maintain prompt and timely provider payments.
- (3) A management information system that is approved by the department and is capable of meeting the requirements of the pilot program.

(b) Any pilot project established under this article shall immediately notify the department in writing of any fact or facts that are likely to result in the pilot project or the long-term care services agency being unable to meet its financial obligations. The written notice shall describe the fact or facts, the anticipated financial consequences, and the



actions that will be taken to address the anticipated consequences, and shall be made available upon request unless otherwise prohibited by law.

14139.6. (a) It is the intent of the Legislature that local entities that are potential participants in this pilot program shall be assured of sufficient time to plan their pilot projects, and that the selected pilot project sites shall be assured of sufficient time to phase in the implementation of their programs. To that end, it is the intent of the Legislature that the department, in consultation with potential pilot project sites and the pilot program working group, shall develop a realistic timeline with guidelines for the planning and implementation of pilot projects.

(b) Nothing in this chapter shall prohibit the department, in consultation with the pilot program working group, from establishing a two-stage selection process in which local pilot project sites may be selected on a preliminary basis. Final selection of local pilot project sites shall be based on the completion of an administrative action plan that the department determines satisfactorily meets the selection criteria.

14139.61. The department may adopt emergency regulations as necessary to implement this article in accordance with the Administrative Procedure Act, Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code. The initial adoption of emergency regulations shall be deemed to be an emergency and considered by the Office of Administrative Law as necessary for the immediate preservation of the public peace, health and safety, or general welfare. Emergency regulations adopted pursuant to this section shall remain in effect for no more than 180 days.

14139.62. Contingent on the availability of funding, the department shall evaluate the effectiveness of each pilot project on a schedule that coincides with federal waiver reporting requirements, and shall make this information available upon request. The department's evaluation shall include, but not be limited to, the following:

(a) Whether or not the pilot project has reduced the fragmentation and improved the coordination of the long-term care delivery system in the pilot project area.

(b) Whether or not the long-term care delivery system is more efficient and makes better use of available resources.

(c) Whether or not the goals identified in Section 14139.11 have been met.

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#### FY 2004-2005 Budget Control Language

14. Notwithstanding any other provision of law, the Department of Health Services may use up to \$1,300,000 to implement and conduct activities associated with long-term care integration, including support to local organizing groups for the purpose of completing activities to allow for the implementation of the integration initiatives.



## LTCI Grant Application Coversheet

Applicant Name:	
Application Contact Person:	<i>Name, title, employer</i>
Mailing Address:	
E-mail Address:	
Telephone Number:	
Fax Number:	
Back-Up Application Contact Person:	<i>Name, title, employer</i>
Mailing Address:	
E-mail Address:	
Telephone Number:	
Fax Number:	
Project Director:	<i>Name, title, employer</i>
Financial Officer:	<i>Name, title, employer</i>
Contract Officer:	<i>Name, title, employer</i>
Federal I.D. Number:	
LTCI Geographic Service Area:	
<i>I hereby authorize the submission of this application for a LTCI Grant:</i>	
Authorizing Signature:	
Printed Name:	<i>Name, title, employer</i>
Mailing Address:	
Telephone/FAX Number:	
e-mail address:	



## 2004 LTCI APPLICANT CHECK LIST

REQUIRED CONTENTS	Included in Application
<b>Were All General Instructions in the RFA read and followed?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Is the Application Set Up in Sections?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Were all the PASS/FAIL Items Addressed?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>1 -- Cover Sheet</b> With all required information.	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>2 -- Table of Contents (with page numbers)</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>3 -- Executive Summary</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>4 -- Statement of Sustainability</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>5 -- Technical Proposal</b> <ul style="list-style-type: none"> <li>• 5a -- Applicant</li> <li>• 5b -- LTCI Plan</li> <li>• 5c -- Scope of Work</li> <li style="padding-left: 40px;">SOW A</li> <li style="padding-left: 40px;">SOW B</li> </ul>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>6 -- Budget Narrative &amp; Budgets</b> <ul style="list-style-type: none"> <li>• Line Item Budget (Grant Funds)</li> <li>• Line Item Budget (Matching Funds)</li> </ul>	Yes <input type="checkbox"/> No <input type="checkbox"/>



## LTCl Included Services -- Medi-Cal Services

Services
Acupuncture
Acute care services: medical and psychiatric inpatient, outpatient & ER
Adult day health care (ADHC)
Ambulatory Surgical Clinic Services
Audiology
Care Management
Chiropractor
Clinic services
Dental services
Diagnostic services (lab, x-ray, etc.)
Durable medical equipment
Early and Periodic Screening, Diagnosis and Treatment (EPSDT) & pediatric services for those up to the age of 21. (May not be applicable to LTCl population.)
Hearing aids
Hemodialysis (chronic)
Home health agency services
Home and community-based services in lieu of institutional services (for example, personal care services, nursing services, home modifications, personal emergency response systems, and others.)
Hospice
Hospital inpatient care
Hospital outpatient services and organized outpatient clinic services
Institutions for Mental Diseases (IMD)
Intermediate care facility (ICF)
ICF-DD - habilitative
ICF-DD - nursing
Local education agency (LEA) services
Medical and surgical services furnished by a dentist
Medical supplies, prescribed
Medical transportation - emergency
Medical transportation - non-emergency
Non-physician medical practitioner (nurse practitioner, etc.)
Occupational therapy
Optometry services
Organ Transplants
Other Medi-Cal covered outpatient services (e.g. heroin detox)
Personal care services
Pharmaceutical services
Physical therapy



<b>Services</b>
Physician services
Podiatry
Pregnancy related services
Prosthetic & orthotic devices related services
Psychiatric & psychological services (limited)
Rehabilitative mental health services
Rehabilitative services, physical
Respiratory care services
Rural health clinic services (including Federal Qualified Health Center (FQHC))
Sign language interpreter services
Skilled nursing facility (SNF)
Special tuberculosis related services
Speech therapy services
Subacute facility care
Substance abuse treatment Services
Vision services (eyeglasses, optician, optical fabricating laboratories, ophthalmology services)

### **LTCI Included Services -- Medicare**

Per Agreement between the LTCI Plan and the Centers for Medicare and Medicaid Services

### **Coordinated Services**

Per local agreements between the programs and the LTCI Plan



**Scope of Work (SOW) A**  
**January 1, 2005 through June 30, 2005**

**Heading:**

Major Activities	Specific Tasks	Lead	LTCI Grant Funding Year Timeline						Work Products
			1/1/05 to 6/30/05						
			1/05	2/05	3/05	4/05	5/05	6/05	

**Note:** Please include each of these 8 major headings as part of the SOW to complete the chart above: LTCI Organization & Staffing, Care Management, Community & Cultural Responsiveness, Member Services, Provider Network Development & Education, Quality Outcomes, Information Support of Care Management and Medicare.



**Scope of Work (SOW) B**  
**July 1, 2005 through January 1, 2007**

**Heading:**

Major Activities	Specific Tasks	Lead	After LTCI Grant Funding to Implementation 7/1/05 to 1/1/07																		Work Products
			0 7 / 0 5	0 8 / 0 5	0 9 / 0 5	1 0 / 0 5	1 1 / 0 5	1 2 / 0 5	0 1 / 0 6	0 2 / 0 6	0 3 / 0 6	0 4 / 0 6	0 5 / 0 6	0 6 / 0 6	0 7 / 0 6	0 8 / 0 6	0 9 / 0 6	1 0 / 0 6	1 1 / 0 6	1 2 / 0 6	1 / 0 7

**Note:** Please include each of these 8 major headings as part of the SOW to complete the chart above: LTCI Organization & Staffing, Care Management, Community & Cultural Responsiveness, Member Services, Provider Network Development & Education, Quality Outcomes, Information Support of Care Management and Medicare.



**Budget Instructions**

Include all nine (9) line items. Show total costs only, except where budget detail is required.

Line items that are not funded may show any of the following in the "Total" column:

- 0.00 or –0–
- Not funded
- 0.00\* (with a footnote placed near the bottom of the budget page indicating "no reimbursement is allowed").

Indicate the percentage (%) rate used to calculate the costs shown in the "Fringe Benefit" and "Indirect Cost" line items and add a brief note stating how the cost was determined.

Do not:

- Change the order or names of any line item;
- Add additional line items;
- Add or include budget detail, except where required;
- Include any funds in the "Total" column, that will not be expended under the grant.
- Show matching funds (matching funds must be shown on a separate budget page).



**Long Term Care Integration (LTCI)  
2004 Grant**

**Budget Narrative Format**

<b>Line Item Detail</b>
<b>Personnel</b>
<b>Fringe Benefits</b>
<b>Operating Expenses</b>
<b>Equipment</b>
<b>Travel and Per Diem</b>
<b>Sub-Contracts</b>
<b>Other</b>
<b>Indirect Costs</b>



**Long Term Care Integration (LTCI)**  
**Grant Funds Line Item Budget Format**

<b>Line Item</b>	<b>Grant Funds</b>
<b>Personnel</b>	
<b>Fringe Benefits (% of Personnel)</b>	
<b>Operating Expenses</b>	
<b>Equipment</b>	
<b>Travel and Per Diem</b>	
<b>Sub-Contracts</b>	
<b>Other</b>	
<b>Indirect Costs</b>	
<b>Total Grant Request</b>	



**Matching Funds Line Item Budget Format**

(20% of Total Grant Fund Amount)

<b>Line Item</b>	<b>In-Kind</b>	<b>Cash</b>	<b>Total</b>
<b>Personnel</b>			
<b>Fringe Benefits (% of Personnel)</b>			
<b>Operation Costs</b>			
<b>Equipment</b>			
<b>Travel &amp; Per Diem</b>			
<b>Sub-Contract</b>			
<b>Other</b>			
<b>Indirect Costs</b>			
<b>Total Matching Funds</b>			



## Budget Line Items -- Additional Information

The following table lists each budget line item and provides additional explanation about what costs are allowed under each.

**NOTE:** Line items entitled “miscellaneous” will not be funded.

Category	Explanation	Additional Information
<b>Personnel</b>	Identify the total Personnel Costs to be expended for the project. Sick leave, vacation, holidays, overtime, and shift differentials must be budgeted as salaries.	Sick leave, vacation, holidays, overtime, and shift differentials must be budgeted as salaries.
<b>Fringe Benefits</b>	Express the benefits as a percentage of the aggregate salaries. Employer contributions or expenses for social security, employee life and health insurance plans, unemployment insurance and/or pension plans are allowable budget items.	Benefits cannot exceed those already established by the applicant prior to the award of the grant.
<b>Total Personnel</b>	Indicate the aggregate of the personnel and fringe benefit costs	
<b>Operating Expenses</b>	Allowable operating expenses are those expenditures exclusive to personnel services and benefits necessary for performance of the grant terms. The following categories of operating expenses may be identified:	Such expenses must be grant related and incurred during the term of the grant.
	<u>General Expenses</u> Includes all costs that are general to the operation of the project and that are not identified as equipment, travel, subcontract or other costs. Examples of such expenses are office supplies, equipment maintenance, telephone, postage, answering service fees and other consumable items. Furniture and office equipment with an acquisition cost of \$4,999 or less per unit (including tax, installation and freight) are general expense items.	
	<u>Space Rental Lease:</u> The costs of office rental or lease are identified, according to the total square feet, the cost per square foot, and the percent of time being used for long term care integration funded activities.	
	<u>Printing:</u> Identify the costs of printing, duplication and reproduction of material used under the LTCL pilot program. If more than an incidental (10 percent) proportion of the grant amount is for printing, such printing must be approved by the Department.	
	<u>Equipment Rental:</u> Rented or leased equipment must be budgeted as an operating expense. Lease/purchase options are not allowed.	
<b>Equipment</b>	Equipment is an item having a useful life of	All equipment purchased in



<b>Category</b>	<b>Explanation</b>	<b>Additional Information</b>
<b>Purchase</b>	more than one year and an acquisition cost of \$5,000 or more per unit (including tax, installation and freight). The rental of equipment used solely for grant activities may be budgeted if it is essential to the implementation and operation of grant activities. Grant funds may not be used to reimburse the applicant for equipment already purchased	whole or in part by State grant funds is the property of the State of California. Equipment may be transferred to the grantee at the end of the grant period. Satisfactory compliance with the Grant Award Agreement will be reviewed in considering the transfer of equipment. The Department must approve all equipment purchases prior to purchase.
<b>Travel &amp; per Diem</b>	Applicants must budget for all travel related to the administration of the grant. Travel reimbursement is on a per trip basis. The mileage reimbursement is for all costs for operation of a vehicle.	The budget must identify the travel costs related to staff specific activities.
<b>Subcontract s Consultants</b>	Consulting services are those services provided to the applicants on a contractual basis by individuals or organizations that are not employees of the applicant. Collaborating agencies that subcontract with the Grantee must also comply with these requirements.	Identify each specific consultant and the expertise they will contribute to the grant activities.
<b>Other Costs</b>	Other costs are costs that are not operating costs, but are related to the grant activities and implementation of LTCI. These should be identified under other costs.	Examples of such costs include training for project staff, purchase or preparation of educational materials, and costs related to the performance of any of the activities in the SOW A.
<b>Indirect Costs</b>	State indirect costs as a percentage of normal business operation costs that are incurred due to performance of this grant (e.g., payroll or accounting functions, etc.). Such costs are calculated as a percentage of total personnel costs less fringe benefits.	The maximum allowable indirect rate is 10 percent of the total personnel costs less fringe benefits.
<b>Total Operating Costs</b>	State total as an aggregate of all the non-personnel costs	
<b>Total Grant Costs</b>	State as a total of personnel services, operating and indirect costs	



## Prohibited Expenses

Expense	Explanation
<b>Bonuses/ Commissions</b>	Pilot projects are prohibited from paying any bonus or commission to any individual, organization or firm.
<b>Lobbying</b>	Grant funds may not be used for lobbying activities.
<b>Fund Raising</b>	Grant funds may not be used for organized fund raising, including financial campaigns, endowment drives, solicitation of gifts and bequests, or similar expenses incurred solely to raise capital or obtain contributions.
<b>Purchase of Real Property</b>	Acquisition of real property, including land, structures and their attachments are not allowable expenditures.
<b>Interest</b>	The cost of interest payment is not an allowable expenditure.
<b>Lease-Purchase Options</b>	Grant funds may not be used for a lease-purchase option for the acquisition of any equipment.
<b>Grant Writing</b>	Costs of responding to this RFA and preparing an application are not allowable expenditures.
<b>Religious Doctrine/Beliefs</b>	The costs of program services or education curricula that are religious or promotes religious doctrine are not allowable expenditures nor is payment to, or in aid of, a church, religious sect, creed, or sectarian purpose.
<b>Meals</b>	Meals are a prohibited expense unless they are due to travel.



**ACROYNMS**

ABD - Aged, Blind and Disabled

BOS - (County) Board of Supervisors'

DHS - The California Department of Health Services

FFS - Fee-For Service

FTE – Full Time Equivalent

HIPPA - Health Insurance Portability and Accountability Act

HCBS – Home and Community-Based Services

IHSS - In-Home Supportive Services

LTC - Long Term Care

LTCI - Long Term Care Integration

MIS - Management Information System

OLTC - The Department of Health Services, Office of Long Term Care

OST - Out of State Travel

PCS - Personal Care Services

QA/QI - Quality Assurance/Quality Improvement

RFA - Request for Application

SOW - Scope of Work

SOW A – Scope of Work, January 1, 2005 through June 30, 2005

SOW B – Scope of Work, July 1, 2005 through January 1, 2007

W&I - Welfare & Institutions Code



## 2004 LTCI RFA Scoring Tool

<b>Applicant Name</b>		<b>Submitted: Date/Time</b>
	<b>LTCI Service Area</b>	
<b>Reviewer Number</b>		

### Applicant Responsiveness

Item Name	Criteria	Reviewer Comment	✓
<b>Timeliness</b>	Submitted on time.		
<b>Format</b>	Submitted in the required format		
<b>Number of copies</b>	Submitted with the required number of copies		
<b>Cover Sheet</b>	Has all required information		
<b>Table of Contents</b>	Has sections names & page numbers		
<b>Executive Summary</b>	Does not exceed 2 pages		
<b>Statement of Sustainability</b>	Does not exceed 2 pages		
<b><u>Technical Proposal</u></b> Applicant LTCI Plan Scope of Work	Present or Not		
<b>Budget Narrative &amp; 2 Line Item Budgets</b>	Present or Not		

<b>Reviewer Comments:</b>
<b>Reviewer Recommendation: Application Eligible for Further Scoring</b> <input type="checkbox"/> Yes <input type="checkbox"/> No



## Application Content

Section 3 – Executive Summary			
Points Poss	Criteria	Deficiency (If Any)	Score
5	<ul style="list-style-type: none"> <li>Concise summary of technical proposal with key points.</li> <li>Describes implementation of full continuum LTCI program.</li> <li>Describes implementing LTCI under Medi-Cal and Medicare.</li> </ul>		
Reviewer Comments:			
Total This Section			

Section 4 – Statement of Sustainability			
Points Poss	Criteria	Deficiency (If Any)	Score
	<i><b>Describes commitment to the goals and priorities of the 2004 LTCI RFA, including:</b></i>		
15	<p>Implementation of LTCI on or before January 1, 2007</p> <p>Applicant is a qualified health plan, <b>OR</b>, applicant describes a business relationship with a qualified health care plan, <b>OR</b>, refers to a selection process described in the technical proposal.</p> <p>Demonstrates committed non-state grant funding beyond June 30, 2005 that will logically continue LTCI activities until implementation by January 1, 2007.</p>		
Reviewer Comments:			
Total This Section			



## Section 5 --Technical Proposal

Section 5a -- LTCI Grant Applicant			
Points Poss	Element	Criteria	Score
5	Eligible LTCI Population	Applicant describes the total eligible LTCI population, as described in the RFA, in the designated service area.	
5	Included Services	Applicant describes the full continuum of LTCI included services as required in the RFA; including all Medi-Cal and Medicare services.	
P/F	Eligible Applicant	Is an eligible applicant according to RFA requirements.	
P/F	Applicant Organization	The applicant describes the applicant organization and the description includes whether or not it is a currently operating Medi-Cal health plan.	
5	LTCI Service Area	Includes one or more county-wide areas.	
5	Authority	The applicant described the county-wide authority in the designated LTCI service area to logically <u>implement</u> LTCI in the designated service area(s). Cross check with BOS supports. <b>OR</b> If the applicant is a health plan, the applicant describes governing board authority to operate LTCI in the designated service area.	
5	LTCI Plan Selection Process	If the applicant is a health care plan, this requirement has been met. OR, If the applicant is not a health care plan, the applicant must describe a plan selection process or existing plan partnership that would logically result in a business relationship with a qualified plan that can implement LTCI.	
5	County Board of Supervisors (BOS) Letter(s) of Support or Resolution(s)	<ul style="list-style-type: none"> <li>Letters or resolutions are present for <b>ALL</b> counties represented in the service area.</li> <li>Letter/Resolutions support the applicant's implementation of LTCI by January 1, 2007.</li> <li>Letter/Resolutions support implementation in the entire service area.</li> <li>The county BOS commits to supporting implementation activities after June 30, 2005.</li> </ul>	
Total This Section (30 Possible Points)			



## Section 5b – LTCI Plan

LTCI Plan Organization and Staffing			
Points Poss	Element	Criteria	Score
5	Staffing	Staffing overall shows a focus on LTCI functions. Discussion includes reasons to allocate staff functions due to fragility & complexity of needs of LTCI members. Differences between staffing LTCI and staffing traditional model of managed care are discussed.	
5	Organization of Functions	An organizational chart was submitted that shows LTCI staff, functions, and job titles. Organizational charts reflect percentages of time allocated to LTCI functions in reasonable proportion to the population to be served. The organization demonstrates an understanding of and an appropriate response to the unique elements necessary to operate an LTCI plan for seniors and persons living with disabilities; including care management and other functions described in the technical proposal.	
5	Staff Qualifications & Expertise	Staff qualifications and expertise is described in specific terms relative to the needs of the LTCI population. Examples are given and the major areas of care management, clinical disciplines and social and supportive services are addressed. Considerations will be given for thoroughness of response to staffing needs relative to the LTCI population and service needs.	
Reviewer Comments:			
Total This Section (15 Points Possible)			



LTCI Care Management (CM)			
Points Poss	Element	Criteria	Score
5	<b>Description of Care Management</b>	The applicant presents a description of how LTCI care management differs from care management in a traditional managed care plan. A specific model for care management is described and justified based on the unique needs of the LTCI population; OR, a strategy or plan is described to develop or identify such a model. The applicant responds logically with at least all elements of the care management items. The response on care management is consistent with all parts of the application as a whole. Emphasis of care management is on maximizing home and community-based services in lieu of inpatient, institutional or nursing facility care.	
5	<b>Care Management Structure &amp; Function Across Services</b>	The applicant describes how the LTCI CM portion of the organization will be structured and how it will function. There is a description of how social, supportive and medical services are included and how each will be successfully coordinated with the other functions; <b>OR</b> , the applicant will describe a strategy to develop such a structure and function within the designated health care plan.	
5	<b>Assessment</b>	There is a description of the plan for assessing LTCI members that includes how or if assessment and care management will be tiered relative to the intensity and scope of needs of an individual member. It includes a discussion of a plan for developing/choosing assessment tool and a plan and strategy for how plans of care will be developed relative to the unique needs of the LTCI population; OR, the applicant describes a strategy or plan to develop such an assessment protocol.	
5	<b>Service Authorization</b>	There is a description of the service authorization process and a logical explanation of who will have authority to authorize services. Will LTCI care managers have the authority to authorize services across the continuum of LTCI services? If not, why? There is a description of an interdisciplinary team approach to care planning. OR, a strategy to develop such a protocol is presented in the application.	



<b>LTCI Care Management (CM)</b>			
<b>5</b>	<b>Responsiveness</b>	There is a built-in process to include consumer preferences into assessments, care planning, and service authorizations. The applicant describes a care management system that is responsive to the LTCI enrollee's unique needs 24/7 and responsive to an enrollee's changes in conditions, family members, caregivers and/or legal representatives and in light of requests and unusual incidents. The description includes the importance of self-directed care planning; OR, the applicant describes a strategy or plan to develop such a protocol.	
<b>5</b>	<b>CM Oversight</b>	A strategy for oversight and management of the LTCI CM function is explained in detail based on the needs of the LTCI population. The approach to CM is explained with reference to balancing the management of patient outcomes with management of costs.	
<b>Reviewer Comments:</b>			
<b>Total This Section (30 Points Possible)</b>			



Community & Cultural Responsiveness			
Points Poss	Element	Criteria	Score
2	Strategy & Methods	The application describes a strategy for developing consumer education print materials and/or other media methods. Strategies for developing content are detailed with justification in light of the needs of the LTCI population. Informational strategies are presented for both LTCI consumers and agencies that serve LTCI consumers.	
5	Cultural & Linguistic Competency	The applicant includes a description of a strategy for identifying languages and/or cultural groups that would be considered when selecting or developing education materials and methods? The applicant is specific in discussing the cultural and linguistic make-up of the LTCI population in the designated service area(s). Strategies are described that develop consumer education materials & methods for those target groups.	
2	Training	The applicant has described specific staff training that will be necessary in order to provide educational and informational sessions on LTCI services to senior and disabled consumers. Training strategies are described with sensitivity and insight to the needs of seniors and persons with disabilities. The applicant describes training that stresses the need to avoid inappropriate language and terms.	
Reviewer Comments			
Total This Section (9 Points Possible)			



LTCI Member Services			
Points Poss	Element	Criteria	Score
2	LTCI Member Services Function	The applicant has described how an existing member services function in the plan would need to accommodate LTCI population. The description demonstrates an understanding of the existing managed care requirements for member services and the needs of the LTCI population with reference to member services. The applicant demonstrates how member services will support members' navigation through the plan services and supports.	
2	Complaints & Grievances	The applicant has supplied a description of procedures for handling complaints & grievances with respect to LTCI members, especially in terms of complaints & grievances related to individuals who have conditions that can become acute in short periods of time.	
2	Training	The applicant describes training elements or themes for member services staff that logically support operation of an LTCI program.	
Reviewer Comments:			
Total This Section (6 Possible Points)			



LTCI Provider Network Development & Education			
Points Poss	Element	Criteria	Score
5	Provider Networks	The applicant has described a logical strategy for identifying the provider network that accommodates the unique needs of the LTCI population and the integrated Medi-Cal and Medicare services. The discussion includes a strategy for including social & supportive providers and new or different specialty medical providers. The discussion is specific and reflects knowledge of the specific needs of seniors and individuals with disabilities. The application includes a discussion of the challenges in recruiting & retaining social & supportive services providers, a key element in home and community-based long term care services.	
5	Provider Training	The application includes discussion of major elements of provider training reflecting the unique needs of the LTCI population.	
5	Personal Care Services Providers	The applicant describes a logical and workable approach to purchasing personal care services.	
Reviewer Comments:			
Total This Section (15 Points Possible)			



Quality Outcomes			
Point s Poss	Element	Criteria	Score
5	Quality Outcomes Measures	The applicant describes how quality outcome measures specific to the LTCI population will be developed and used. The discussion demonstrates insight to the needs of the LTCI population; types of outcomes that can be improved and measured, and a logical approach to measuring appropriate care plan outcomes.	
5	Internal Quality Improvement	The applicant describes a strategy for tracking and correcting internal deficiencies within the LTCI program and making improvements to service delivery and service quality, care management or other features of the LTCI program. The discussion gives examples of measures that will ensure quality services to the LTCI population.	
Reviewer Comments;			
Total Points This Section (10 Points Possible)			

Information Management Support of Care Management (CM)			
Point s Poss	Element	Criteria	Score
5	CM Information Need	The applicant provides a description of how an information management system will differ for LTCI, with reference to the unique needs of the LTCI population. The applicant demonstrates a method for care managers to have access to current member information on services, providers, including home and community base services, and other encounter data. The discussion includes any necessary enhancements to an existing system, OR, the major specifications of a new system with reference to the care managers' need for timely and accurate information.	



Information Management Support of Care Management (CM)			
5	Provider Notes & Records	The applicant provides a description of or a strategy for developing a system enhancement that enables direct care provider notes & records to be incorporated into the information system in order for LTCI care managers to access information on or near a real time basis.	
Reviewer Comments;			
Total Points This Section (10 Possible Points)			

Medicare			
Point s Poss	Element	Criteria	Score
P/F	Medicare HMO and Reimbursement	The applicant already is or describes a plan for becoming a Medicare HMO and obtaining Medicare reimbursement for the provision of Medicare services to eligible LTCI enrollees. The description is clear and concise and reflects research and/or knowledge of Medicare rules. The description presents a logical plan to have Medicare authority through an agreement with the Centers for Medicare and Medicaid Services (CMS) by January 1, 2007.	
Reviewer Comments:			
Total This Section (PASS/FAIL)			



Section 5c -- Scope of Work			
SOW A January 1, 2005- June 30, 2005			
Poi nts Pos s	Element	Criteria	Score
8	Logical Activities	<p>SOW A flows from and is reasonable and logical based on the applicant's response to the technical proposal requirements. Activities and tasks are described in detail and tie directly to the technical proposal.</p> <p><b>NOTE:</b> Using grant funding for studies, research and special projects, however related, are not considered appropriate without direct tie to implementation activities.</p>	
4	Ties to Budget Line Items	SOW A activities tie logically to the Grant Funds Line Item Budget. SOW A activities relate directly to allowed expenditures.	
8	Significant Progress Toward Implementation	SOW A identifies reasonable activities that will result in LTCI implementation by January 1, 2007.	
Reviewer Comments			
Total This Section (20 Possible Points)			



Scope of Work SOW B July 1, 2005 – January 1, 2007			
Poi nts Pos s	Element	Criteria	Score
8	Logical Activities	SOW B flows from and is reasonable and logical based on the applicant's description of the technical proposal elements. Activities and tasks are described in detail and tie directly to the technical proposal.	
4	Ties to Information About Other Resources	SOW B activities tie logically to the descriptions of available resources that can sustain activities beyond June 30, 2005.	
8	Implementat ion by January 1, 2007	SOW B identifies specific and logical activities that will result in LTCl implementation by January 1, 2007.	
Reviewer Comments			
Total This Section (20 Possible Points)			



### Reviewer Comment on Budget Information

***Reviewers will score budget items as PASS/FAIL as the information relates to Scope of Work, allowable expenditures and budget guidelines in the RFA.***

Budget Narrative
<b>Reviewer Comments</b>
<b>Score:</b>

Grant Funds Line Item Budget	
Reviewer Comments	
Score:	

Matching Funds Line Item Budget
Reviewer Comments
Score



